MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-042381

ON THIS STUB	TE AMENDED				egistration District No	CT 3 0 19.63	nary Registration	District No. 2	Registrar's No.	<u> </u>	STATE FILE NU	
				<u> </u>	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before			
VS 300	ا ۾	1		1	a. COUNTY St	t.Louis			a. STATE Misse	ourt COUNTY S	t Louis	admission)
Rev. 4/59	ള			I —	b. CITY (If outside co	orporate limits, give TOWNS	SHIP only)	Length of stay in 1b	e. CITY	<u>, · . • • •</u>		Inside Limits
_	AMENDED		1 l ;	 _	TOWN Norma			YRS		rmandy		Yes 🔠 No 🗆
<u> '4031</u>	E	'		_	HOSPITAL OR	NOT in hospital, give locat		Inside Limits	d. STREET ADDRESS	(If cutside,	give location)	Reside on Farm
24031	DATE	_		 	INSTITUTION 77	701 Nacomis	Drive	Yes 🗗 No 🗆		1 Nacomis	Drive	Yes 🗌 No 🗗
3		<u> </u>	[] ₁	3	. NAME OF DECEASED (Type or print)	- -		Middle	Last	A.F.	onth Day	Year
	'	1			117pe or print	CARMEDA		OLI			-	1963
4 0	'	1		5	i. SEX	6. COLOR OR RACE		Never Married	8. DATE OF BIRTH		IF UNDER 1 YEAR	Hours Min.
5 /	'	`		1	Male	White	Widowed (12-21-188	·		
	<u>. </u>	·		10		(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cir	y and state or country)		
<u> </u>	<u>ĕ</u>	1			Presse	ing life, even if retired)	<u></u>		Italu		U.S.A	
7 2	FOLLOW	'		13	a. FATHER'S NAME		13b. M	OTHER'S MAIDEN NAM	E		HUSBAND OR WIFE	
	요	1	11,		Angelo Oli				a Guercia		e Oliveri	
_ <u> </u>	S	1	1 1			R IN U.S. ARMED FORCES?		OCIAL SECTION NO	1		Address	
~ . <i>1</i>		1	 	[14 ()	f yes, give war or dates of :			Rose 01	<u>iveri 7701</u>	l Macomis	Ur.
10	ARE	1	ENT	[18. CAUSE OF DEATH PART I.	H (Enter only one cause per . DEATH WAS CAUSED BY:						TERVAL BETWEEN NSET AND DEATH
	윤 노	1	WE	ļ Ì		IMMEDIATE CAUSE (a)	ととて	ERINSCO	EROSIS			10 crearo
11	8121	1	CUMI	 		•						0
12-7 // -//	낊[조	1	\ \ \ \		Conditio	ons, if any, DUE TO (b	z)					
	HIS.	1	,		above	gave rise to cause (a), }	-					1
13	_	+	$+ \mid \cdot \mid$		lying c	the under- cause last. DUE TO (c	· 					
	8	¹ [1. 1 -	1 - 1			ONDITIONS CO	WITEIBUILDING TO BEAT	W had not calcard to the			
	,	, I.	l E	δ	PART II	I. OTHER SIGNIFICANT C disease condition given i	in PART I (a)	INTRIBUTING TO DEAT	n our not related to th	ne terminal PART	III. If deceased there a pregnar	was female was ncy in last 90 days.
221	ξ ξ			ICATIO	PART II	I. OTHER SIGNIFICANT Condition given in the condition given giv	in PART I (e)	PT. LUI	VG.		There a pregnan	ncy in last 90 days. No Unknown
	DMENTS			TERTIFICATION	P/	disease condition given i	in PART I (a)	PT. LUI			There a pregnan	ncy in last 90 days. No Unknown
	AENDMENTS	 - -		AL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO E	MEUMON 20a. ACCIDENT SUICID	IN PART I (a)	PT. LUI	VG.		There a pregnan	ncy in last 90 days. No Unknown
z	AMENDMENTS			EDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO P	Os. ACCIDENT SUICID	PART I (a)	20b. DESCRIBE HO	VG.	Enter nature of injury in	There a pregnan	ncy in last 90 days. No Unknown
z	AMENDMENTS			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO BE 20c. TIME OF INJURY A.m. p.m.	disease condition given in NEUMON 20a. ACCIDENT SUICID Month, Day, Year	PART I (a)	20b. DESCRIBE HOS	VG.	Enter nature of injury in	There a pregnan	ncy in last 90 days.
C INK RIBBON	AMENDMENT			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO BE	Osease condition given in NEUMON 20a, ACCIDENT SUICID Or Month, Day, Year RED 20e, PLACE farm, 6	PART I (a)	20b. DESCRIBE HO	VG.	Enter nature of injury in	there a pregner Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncy in last 90 days. No Unknown of item 18.)
C INK RIBBON	AMENDMENT			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO POPULATION OF INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK	Obs. ACCIDENT SUICID COMMON SU	PART I (a)	20b. DESCRIBE HOS	W INJURY OCCURRED. (I	Enter nature of injury in OCATION	there a pregner Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncy in last 90 days. No Unknown of item 18.) STATE
C INK RIBBON	AMENDMENT READ			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES ON BOTH HOUSE NAME OF THE O	20a. ACCIDENT SUICID Month, Day, Year MORK 20e. PLACE farm, f	PART I (a)	20b. DESCRIBE HOS	W INJURY OCCURRED. (I	Enter nature of injury in OCATION	there a pregner Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncy in last 90 days. No Unknown of Item 18.) STATE
C INK RIBBON	AMENDMENT READ)F	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO B 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE WORK NOT WHILE WHILE WORK NOT WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT WORK NO	disease condition given in NEUMON 20a, ACCIDENT SUICID or Month, Day, Year K	PART I (a)	20b. DESCRIBE HOS	201. CITY, TOWN, OR L	Enter nature of injury in OCATION OCATION ast saw him allve on to the best of my known in the control of the best of my known in the control of the best of my known in the control of the best of my known in the control of the best of my known in the control of the best of my known in the control of the best of my known in the control of the best of my known in the control of t	there a pregner Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncy in last 90 days. No Unknown of item 18.) STATE
RIBBON	AMENDMENT		/IT OF	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO DE 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT V	disease condition given in NEUMON 20a, ACCIDENT SUICID or Month, Day, Year K	OF INJURY (e.g. factory, street, o	20b. DESCRIBE HOTE g., In or about home, frice bldg., etc.) m on th	201. CITY, TOWN, OR L	Enter nature of injury in OCATION last saw him allve on to the best of my kno	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	ncy in last 90 days. No Unknown of Item 18.) STATE 63 auses stated.
BLACK INK OR RITER RIBBON	AMENDMENT SHOULD READ		<u> </u>	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE WORK NOT	disease condition given in the condition of the condition	OF INJURY (e.g. factory, street, o	20b. DESCRIBE HOTE g., In or about home, frice bidg., etc.) m on the contract of the contrac	201. CITY, TOWN, OR L COMPANY OCCURRED. (II	COATION ast saw him allve on to the best of my know to the best of	COUNTY	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED (State)
RIBBON	AMENDMENT NO. SHOULD READ		<u> </u>	F	19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO B 20c. TIME OF Hour INJURY CCURR WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK	disease condition given in NEUMON 20a. ACCIDENT SUICID III Month, Day, Year RED 20e. PLACE farm, 1 eceased from 4 at 10-19-1963	OF INJURY (e.g. factory, street, o	20b. DESCRIBE HOTE g., in or about home, ffice bidg., etc.) to / 0/ m on th Compared to the compared to th	201. CITY, TOWN, OR L. 201. CITY, TOWN, OR L. 202. ADDRESS 203. ADDRESS 203. ADDRESS 203. ADDRESS 204. ADDRESS 205. ADDRESS 206. ADDRESS 207. ADDRESS 207. ADDRESS 208. ADDR	OCATION ast saw him allve on to the best of my know to the best of	COUNTY COUNTY	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED (State)
RIBBON	AMENDMENT SHOULD READ		I	F - 24	19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF HOUR AMERICAN PARTICIPATION 20d. INJURY OCCURR WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK	disease condition given in NEUMON 20a. ACCIDENT SUICID III Month, Day, Year RED 20e. PLACE farm, 1 eceased from 4 1, 23 UARE 10 100-19-1963	OF INJURY (e.g. factory, street, o	20b. DESCRIBE HOTE g., in or about home, fifice bidg., etc.) no no the property of the prope	201. CITY, TOWN, OR L COMPANY OCCURRED. (II	OCATION ast saw him allve on to the best of my know to the best of	COUNTY COUNTY	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED (State)

1868200-033

STATEMENT BY LICENSED EMBALMER

l her	eby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	<u> </u>	, Student Embalmer No
working und	er my personal supervision.	4
Student	· · · · · · · · · · · · · · · · · · ·	Signed Misle
	Signature of Student Embalmer	Licensed Embalmer No. 3980
		P. O. Address St. Lower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.